

**U.S. Department of Justice  
United States Marshals Service**

**PROCESS RECEIPT AND RETURN**

See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF	COURT CASE NUMBER
David A Stebbins	4:16-cv-00545-JM
DEFENDANT	TYPE OF PROCESS
Arkansas, State of, et al.	summons & complaint
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Arkansas, State of c/o Leslie Rutledge, Arkansas Attorney General's Office
AT	ADDRESS Street or RFD, Apartment No., City, State and ZIP Code) 323 Center Street, Suite 200 Little Rock, AR 72601

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:	
<input type="checkbox"/> David A Stebbins 123 W Ridge St. Apt. D Harrison, AR 72601	
<input type="checkbox"/> Number of process to be served with this Form - 285	<input type="checkbox"/> Number of parties to be served in this case
<input type="checkbox"/> Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, Telephone Number, and Estimated Times Available For Service):

**FILED**  
U.S. DISTRICT COURT  
EASTERN DISTRICT ARKANSAS

NOV 10 2016

2016 OCT 13 PM 3:38  
U.S. Marshal Eastern Arkansas  
Received All Fold

JAMES W. McGORMICK CLERK  
By: *[Signature]*

Signature of Attorney or other Originator requesting service on behalf of:  /s/ K. Rochelle	DEP CLERK	TELEPHONE NUMBER	DATE
			10/12/2016

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. 09	District to Serve No. 09	Signature of Authorized USMS Deputy or Clerk <i>D. Chappell</i>	Date 10-18-16
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I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
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Address (complete only if different than shown above)	Date of Service 11-9-16	Time pm
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Signature of U.S. Marshal or Deputy

Service Fee <i>\$ 8.00</i>	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or <i>\$ 8.00</i>	Amount of Refund
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REMARKS:

*Served via certified mail*

<b>2. Article Number</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
 <b>9414 7266 9904 2060 1365 20</b>		<b>A. Received by (Please Print Clearly)</b>	<b>B. Date of Delivery</b>
		<i>Rahn Wink</i>	
<b>C. Signature</b>		<b>D. Is delivery address different from item 1?</b>	
		<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <small>If YES, enter delivery address below:</small>	
<b>3. Service Type CERTIFIED MAIL®</b>		<b>Reference Information</b>	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		4:16CV00545	
<b>1. Article Addressed to:</b>  State of Arkansas Leslie Rutledge 323 Center Street, Suite 200 Little Rock, AR 72601			
<b>PS Form 3811, January 2005</b>		<b>Domestic Return Receipt</b>	